## Sisseton Wahpeton Oyate Tribal Historic Preservation Office

## **Archaeological Survey Permit**

FEE - \$100.00	Permit Number:
Name of Applicant (Individual or Entity):	
Designated Contact	
Name:	Title:
Physical Address:	Contact Information Telephone:
A /	Work Phone:
Mailing Address:	Fax:
	Email:
Purpose of Work:	
	The state of the s
Beginning Date: Location of Work:	Ending <mark>Da</mark> te:
Editation of work.	
Legal Description:	8
Planning & Supervision of Fieldwork:	Phone:
Name/Title of Principle Field Contact:	Phone:
Name/Title of Secondary Field Contact:	Phone:
**The SWO retains all rights to it	ntel <mark>le</mark> ctual property information obtained
and is subject to review and/or o	han <mark>ge</mark> at our discretion.
I attest that all above information is correct and tr	ue.
Applicant Circuit us	
Applicant Signature	Date
FOR OFFICE USE ONLY	Every part of this Earth is sac
(GRANTED) (DENIED) on this day	my people. We are part of the 3
, 20	
TUDO Off	and it is part of us.
THPO Office Date	~ Thief Seattle, 1854

Paid by: Cash Check - Ck No.\_

REVISED: 01/28/2015 D.D.